

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPS

Mailing Address PO Box 23940

City  
Santa Barbara

State  
CA

Zip Code  
93121

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.34425

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF SCHUMER

Mailing Address 509 MADISON AVE SUITE 1902

City  
NEW YORK

State  
NY

Zip Code  
10022

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 00

Transaction ID: SB23.34447

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

GILLIBRAND FOR SENATE

Mailing Address 1415 NORTH TAFT STREET  
SUITE 477

City  
ARLINGTON

State  
VA

Zip Code  
22201

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 00

Transaction ID: SB23.34427

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....